

EPA Payment Request Instructions

Recipient Name: (Your organization)

Contact Person: (Your name or someone we can call if we have questions)

Phone #: (Phone number to contact you)

Fax #: (Fax number we can fax to you)

Email Address: (Email of point of contact)

EFT#: (Use your assigned EFT number)

Request#: Sequential number, 1, then 2, 3, 4, etc for each request you submit from your organization

Cash on Hand \$: Indicate the amount of EPA funds you have on hand. If you do not have any EPA funds on hand, then you would enter 0; or if you have already incurred expenses against the agreement you would show a negative amount, i.e. (\$3,000.00), representing amount owed to you (reimbursement to you). **NOTE: Funds should be disbursed within 3 business days if you are requesting an advance.**

Assistance Agreement Number: Your grant number to include the alpha prefix (if you have multiple agreements you may list all of them when making a request)

Amount: Indicate the amount of funds you are requesting from each grant listed on the request.

Mark (X) if Credit: Do not use unless you are returning funds back to the EPA.

Total Amount Requested: Total amount of all grants requesting funds from.

Approvals: Sign above the area "Recipient Approving Official's Signature."

Date Approved: Date Signed

The other information is internal to the EPA.

Upon completion fax signed request form to U.S. EPA LVFC at 702-798-2423.

If request form is not completed fully or there is missing information, your request may be rejected.

NOTE - Please make copies of the U.S. EPA Payment Request Form for future requests or go to the following web site to download the form:

<http://www.epa.gov/ogd/forms/forms.htm>